

# City of Gulfport Contributions Request

Name of Agency:

\_\_\_\_\_

Address:

\_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

Contact Person:

\_\_\_\_\_

Type of Agency:

Non-Profit: \_\_\_\_\_

For-Profit: \_\_\_\_\_

City: \_\_\_\_\_

County: \_\_\_\_\_

Other: \_\_\_\_\_

Date(s) of the event: \_\_\_\_\_

**PROPOSED EVENT:** Project Description: describe your event.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Amount of Funds Requested for Event:**

\$ \_\_\_\_\_

Identify Sources of Program Income:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## City of Gulfport Contributions Request

Beneficiaries of Program:

Neighborhood: \_\_\_\_\_ or City Wide: \_\_\_\_\_

Anticipated number of Gulfport residents to receive benefits: \_\_\_\_\_

Could this program occur without these funds? \_\_\_\_\_ Yes \_\_\_\_\_ No

What year was the proposed program organized and/or chartered? \_\_\_\_\_

Please describe your mission statement (goal of the organization): \_\_\_\_\_

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What area(s) do you serve? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Neighborhood Only  
City of Gulfport Only  
Harrison County  
Other \_\_\_\_\_

What are your administrative costs?

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Description of the management of your projects/programs (include name, job title, job description and qualifications. Attach any supporting documentation).

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## City of Gulfport Contributions Request

Other Funding Sources (total amount of funds received annually from all sources to maintain your project or program.

\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_

### CONFLICT OF INTEREST

- 1 Is there any member of the applicant's staff, member of the applicant's Board of Directors, or officer who currently is or has/have been within one year of the date of this application a City employee, or a member of the City Council?

No \_\_\_\_\_ Yes \_\_\_\_\_

If yes, please list names:

\_\_\_\_\_  
\_\_\_\_\_

- 2 Will the funds requested by the applicant be used to pay the salaries of any of the applicant's staff to any individual who is or has been within one year of the date of this application a City employee or a member of the City Council?

No \_\_\_\_\_ Yes \_\_\_\_\_

If yes, please list names:

\_\_\_\_\_  
\_\_\_\_\_

- 3 Is there any member of the applicant's staff, member(s) of the Board of Directors, or officer(s) who are business partners or immediate family of City employee or a member of the City Council?

No \_\_\_\_\_ Yes \_\_\_\_\_

If yes, please list names:

\_\_\_\_\_  
\_\_\_\_\_

## **City of Gulfport Contributions Request**

The applicant certifies to the best of his/her knowledge and belief that the data in this application is true and correct and that the filing of the application has been duly authorized by the governing body of the applicant.

Name: \_\_\_\_\_

Signature:\_\_\_\_\_

Title: \_\_\_\_\_

Date:\_\_\_\_\_

Name: \_\_\_\_\_

Signature:\_\_\_\_\_

Title: \_\_\_\_\_

Date:\_\_\_\_\_

Mail to:  
City of Gulfport  
Gulfport City Council Office  
P. O. Box 1780  
Gulfport, MS 39502  
Or:  
Deliver to:  
City of Gulfport  
Council Clerks Office  
2309 15th Street,  
Gulfport, MS 39501

Phone: 228-868-5848

Fax: 228-868-3856